

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA /
Identification Number
445495

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
12/3/2014

Name of Facility

DOVE HEALTH & REHAB OF COLLIERVILLE, LLC

Street Address, City, State, Zip Code

490 WEST POPLAR AVENUE
COLLIERVILLE, TN 38017

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed 11/28/2014		Correction Completed 11/28/2014		Correction Completed 11/28/2014
ID Prefix F0160 Reg. # 483.10(c)(6) LSC		ID Prefix F0241 Reg. # 483.15(a) LSC		ID Prefix F0253 Reg. # 483.15(h)(2) LSC	
	Correction Completed 11/28/2014		Correction Completed 11/28/2014		Correction Completed 11/28/2014
ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC		ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC		ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	
	Correction Completed 11/28/2014		Correction Completed 11/28/2014		Correction Completed 11/28/2014
ID Prefix F0309 Reg. # 483.25 LSC		ID Prefix F0311 Reg. # 483.25(a)(2) LSC		ID Prefix F0314 Reg. # 483.25(c) LSC	
	Correction Completed 11/28/2014		Correction Completed 11/28/2014		Correction Completed 11/28/2014
ID Prefix F0323 Reg. # 483.25(h) LSC		ID Prefix F0371 Reg. # 483.35(i) LSC		ID Prefix F0425 Reg. # 483.60(a),(b) LSC	
	Correction Completed 11/28/2014		Correction Completed 11/28/2014		Correction Completed 11/28/2014
ID Prefix F0431 Reg. # 483.60(b), (d), (e) LSC		ID Prefix F0441 Reg. # 483.65 LSC		ID Prefix F0465 Reg. # 483.70(h) LSC	

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
JP
Reviewed By

Date:
12/3/14
Date:

Signature of Surveyor:
JP PHNCLZ
Signature of Surveyor:

Date:
12/3/14
Date:

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0514	Correction Completed 11/28/2014				
Reg. # 483.75(I)(1)					
LSC					

Reviewed By

✓

Reviewed By

JP

State Agency

Reviewed By

CMS RO

Followup to Survey Completed on:

10/30/2014

Date:

12/3/14

Date:

Signature of Surveyor:

JP PHN 12

Signature of Surveyor:

Date:

12/3/14

Date:

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO